

Introduction

Many factors drive the increase in health premiums, including inflation, cost shifting, utilization, introduction of new technology, and many others. This report examines the increases in premiums in Colorado, compares them to the experience nationwide and provides a breakdown of how the actual premiums collected in Colorado during 2010 and 2011 were used. This report provides an overview of health insurance in Colorado, the sources of coverage and the types of coverage available. An overview of health insurance regulation in Colorado and the roles of the Division of Insurance are provided, including the steps taken to ensure consumer protection. Finally, this report examines the ten largest health insurers in Colorado and provides financial information for each.

SECTION 1: THE HEALTH INSURANCE MARKETPLACE IN COLORADO

In order to gain perspective on the private insurance market in Colorado and how it impacts the population, it is important to examine the sources of health coverage for the citizens of Colorado.

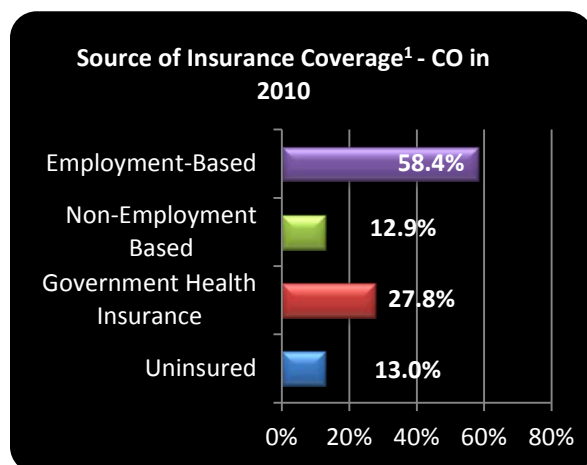


Figure 1:Source of Insurance Coverage - CO in 2010

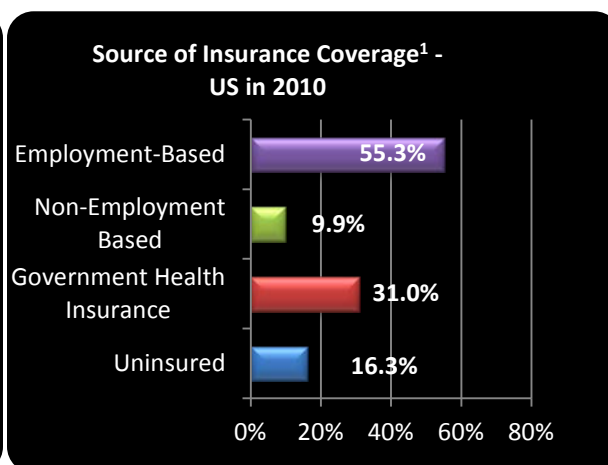


Figure 2:Sources of Insurance Coverage - US in 2010

As shown in Figures 1 and 2, 58.4% of Coloradans secure health coverage through their employer, compared with 55.3% nationwide. The Colorado non-employment-based insurance market is also larger than the national figures with 12.9% of Coloradans having non-employment-based health insurance policies, compared with 9.9% nationwide. **Therefore, 71.3% of Coloradans are covered by either employment-based or non-employment-based health plans, which is more than the 65.2% of citizens nationwide.**

According to the US Census Bureau, 27.8% of Coloradans get their health care coverage through government programs such as Medicare, Medicaid, the Federal Employees' Health Benefit Plan and the Veteran's Administration. These programs are administered by the state and federal governments, and are paid for by a combination of participant premiums and tax dollars.

An estimated 13% of Coloradans have no health insurance, less than the estimated 16.3% nationwide.

¹

The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Table 1 below provides further detail on the number of covered lives for health coverage in Colorado.
NOTE: The covered lives under the jurisdiction of the Division may be covered by more than one type of health insurance during the year, and are not mutually exclusive.

Colorado Health Insurance Covered Lives in 2010	
Colorado population	5,049,527
Insured	4,393,106
Uninsured	656,421
Jurisdiction of the Division of Insurance	
Individual	1,402,770
Small Group	1,413,145
Large Group	7,588,611
Total Under State Regulation	10,404,526
Insured, Not Regulated by the Division of Insurance	
Medicare	607,365
Medicaid	611,160
Other Public	342,089
Self-funded	3,080,211
Total Not Regulated by the Division of Insurance	4,640,825

Table 1: Colorado Health Insurance Covered Lives in 2010

Sources and Availability of Insurance

This section examines the types and sources of health coverage available to the people of Colorado. The majority of Coloradans get their health coverage through group plans offered by their employers, including self-insured plans. Additionally, approximately 12.9% of the population purchases their own private individual insurance (non-employment-based insurance). There are a variety of types of health insurance and a variety of ways health insurance policies can be issued.

The types of private health coverage available in Colorado include:

- **Accident Only-** An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.
- **Accidental Death & Dismemberment-** An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.
- **Comprehensive Major Medical(group or individual)-**Provides benefits for most types of medical expenses that may be incurred. Offering more complete coverage with fewer gaps, major medical insurance covers a much broader range of medical expenses -including those incurred both in and out of the hospital - with generally higher individual benefits and policy maximum limits.
- **Conversion-** Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.
- **Credit Accident and Health-** Designed to cover a borrower's indebtedness, with the creditor receiving the policy benefits to pay off the debt if the borrower becomes disabled or dies accidentally or loses a job. Credit insurance can be written as an individual policy for a single borrower or group coverage for a number of debtors with the creditor as master policy.
- **Managed Care (group or individual)-**A medical delivery system that attempts to manage the quality and cost of medical services that individuals receive. Most managed care systems offer HMOs and PPOs that individuals are encouraged to use for their health care services. Some managed care plans attempt to improve health quality, by emphasizing prevention of disease.
- **Health Maintenance Organizations (HMOs)-**HMOs represent "prepaid" or "capitated" insurance plans in which individuals or their employers pay a fixed monthly fee for services, instead of a separate charge for each visit or service. The monthly fee remains the same, regardless of types

or levels of service provided. Services are provided by physicians who are employed by, or under contract with, the HMO. HMOs vary in design. Depending on the type of HMO, services may be provided in a central facility or in a physician's own office.

- **Hospital/Surgical/Medical Expense-** An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.
- **Dental-** Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.
- **Disability Income-**(includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term) - A policy designed to compensate insureds for a portion of the income they lose because of a disabling injury or illness.
- **Vision-**Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.
- **Long-term Care (LTC)-**Long-term Care Insurance is a special type of health insurance that is designed to cover expenses of nursing home care, home health care or other types of defined care that persons may need at various stages of their lives, and not necessarily just at advanced ages.
 - LTC products must have a minimum 12-month benefit period, but can have longer benefit periods. LTC benefits are frequently described as a specific dollar amount per day (e. g. \$100 per day).
 - LTC products have elimination periods, expressed in days, before which LTC covered benefits become payable after disablement. Elimination periods basically work like deductibles and represent a form of cost sharing where the policyholder agrees that LTC benefits won't be paid for the first few days after a person qualifies for benefits under the LTC coverage. These elimination periods reduce the premium for LTC.
 - Generally, eligibility for benefits under LTC is conditioned on a covered person not being able to perform two or more activities of daily living (such as eating, bathing, dressing, transferring from bed, continence, etc.) and cognitive challenges such as Alzheimer's can also qualify a person for benefits. LTC can be sold on an individual or on a group basis.
- **Limited Benefit Plans-**(includes Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ and Tissue Transplant)
 - Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as the expense is incurred, per diem, or a principle sum.
 - Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits are not to exceed a stated dollar amount per day.
 - Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits are not to exceed a stated dollar amount per day.
- **Medicare Supplement-**Insurance coverage sold on an individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and may not duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and copayments. It may also cover some services and expenses not covered by Medicare. Medicare Supplement Insurance is also known as "Medigap" insurance.
- **Medicare Part D Prescription Drug Coverage-**Medicare prescription drug coverage is insurance that covers both brand-name and generic prescription drugs at participating

pharmacies. Medicare prescription drug coverage provides protection for people who have very high drug costs or have unexpected prescription drug bills in the future.

- **Champus/Tricare Supplement**-Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.

Colorado Covered Lives by Health Insurance Types in 2010 ²				
	Individual	Large Group	Small Group	Grand Total
Accidental Death & Dismemberment	254,904	2,847,740	793,751	3,896,395
Comprehensive Major Medical	279,924	523,881	190,208	994,013
Credit Accident and Health	11,349	51,595	7,773	70,717
Dental	51,376	846,711	172,055	1,070,142
Disability Income	100,712	1,101,385	40,260	1,242,357
Managed Care (HMO)	162,223	446,801	85,538	694,562
Limited Benefit Plan	214,954	51,658	3,944	270,556
Long-term Care	98,589	39,384	278	138,251
Medicare Supplement	66,148	39,027	29	105,204
Vision	7,296	939,342	106,816	1,053,454
All Other Health Insurance	155,295	701,087	12,493	868,875
Grand Total	1,402,770	7,588,611	1,413,145	10,404,526

Table 2: Colorado Covered Lives by Health Insurance Types in 2010

The types of health care plans available in the state include:

- **Indemnity plan**- A type of medical plan that reimburses the patient and/or provider as expenses are incurred.
- **Preferred Provider Organization (PPO) plan**- An indemnity plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but would incur larger costs in the form of higher deductibles, higher coinsurance rates, or non-discounted charges from the providers.
- **Exclusive Provider Organization (EPO) plan**- A more restrictive type of preferred provider organization plan under which employees must use providers from the specified network of physicians and hospitals to receive coverage; there is no coverage for care received from a non-network provider except in an emergency situation.
- **Health Maintenance Organization (HMO) plan**- A health plan where comprehensive health coverage is provided through a specified network of physicians and hospitals for a fixed premium with no deductibles, only visits within the network are covered, and a primary care physician within the network handles referrals.
- **Point-of-service (POS) plan**- A POS plan is an "HMO/PPO" hybrid; sometimes referred to as an "open-ended" HMO when offered by an HMO. POS plans resemble HMOs for in-network services. Services received outside of the network are usually reimbursed in a manner similar to

²The number of covered lives in Table 2 may appear inflated for a variety of reasons. Individuals typically have multiple types of policies such as single individual having both an AD & D and major medical policy. In addition, for some types of policies it is not uncommon for an individual to be covered by both a group and individual policy or multiple individual policies. Finally, since the data is self-reported by carriers and several of these policy types have long lives, there may be inconsistencies between how carriers account for movement in and out of Colorado: Some carriers may include all policies originally written in Colorado while others include only the current membership active in Colorado. Similarly, it is possible that some companies may include group lives purchased by a Colorado company but living in another state in this report.

conventional indemnity plans (e. g., provider reimbursement based on a fee schedule or usual, customary and reasonable charges).

- **Flexible spending accounts or arrangements (FSA)**-Accounts offered and administered by employers that provide a way for employees to set aside, out of their paycheck, pre-tax dollars to pay for the employee's share of insurance premiums or medical expenses not covered by the employer's health plan. The employer may also make contributions to an FSA. Typically, benefits or cash must be used within a given benefit year or the employee loses the money. Flexible spending accounts can also be provided to cover child care expenses, but those accounts must be established separately from medical FSAs.
- **Health Savings Accounts (HSA)**-Accounts offered by carriers, in coordination with employer-provided high deductible health plans and administered by a financial institution, in a similar fashion to a bank account, that provide a way for employees to set aside pre-tax dollars to pay for the employee's share of insurance premiums or medical expenses not covered by the employer's health plan. The employer may also make contributions to an HSA. The money deposited into an HSA does not have to be used by any deadline, such as within a calendar year, and is portable if the person changes employment. HSAs are medical savings accounts that earn interest and can be used to pay for current medical expenses or saved for future medical expenses.
- **Flexible benefits plan (Cafeteria plan or IRS 125 Plan)**-A benefit program under Section 125 of the Internal Revenue Code that offers employees a choice between permissible taxable benefits, including cash, and nontaxable benefits such as life and health insurance, vacations, retirement plans and child care. Although a common core of benefits may be required, the employee can determine how his or her remaining benefit dollars are to be allocated for each type of benefit from the total amount promised by the employer. Sometimes employee contributions may be made for additional coverage.

Health Care Provider Arrangements

A health care provider is any individual or medical facility which provides health services to health care consumers (patients). Plans are marketed to individual employees through an employer or at a place of business and may have different options of health care provider arrangements from which to choose.

Types of health care provider arrangements include:

- **Exclusive providers** - Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.
- **Any providers** - Enrollees may go to providers of their choice with no cost incentives to use a particular subset of providers.
- **Mixture of providers** - Enrollees may go to any provider but there is a cost incentive to use a particular subset of providers.

State Regulated Health Insurance

The Division of Insurance has primary regulatory authority over commercial health carriers in Colorado. As shown in Table 1, this does not include self-insured employer health plans, Medicare or Medicaid, which are regulated by the federal government. **The Division has responsibility to oversee coverage for over 10.4 million different coverage plans for Coloradans.** Section 4 of this report focuses on the regulatory role that the Division plays in the marketplace and the tools used to protect consumers. There are three primary markets for commercial health insurance that are subject to state regulation: the individual, the small group, and the large group markets. Each market operates under different regulations.

Individual Market

The individual insurance market in Colorado is regulated by the Division of Insurance; however, the rules are less restrictive than those for group plans. For example, carriers are allowed to underwrite based on health status and there are fewer mandated benefits that must be covered in a policy. Colorado does not require health insurers in the individual market to sell standardized policies. However, Colorado does require all health plans to cover certain benefits such as mammograms, prostate cancer screening and diabetes treatment.

While the number of Coloradans with individual health insurance plans is small, there are a number of carriers in the state that offer such plans. There were 64 carriers who reported offering individual major medical comprehensive policies in Colorado during 2010, in the 2011 Colorado Health Cost Survey. Table 3 below reflects the number of carriers that offer individual health coverage and the average premiums per covered life per month.

Individual	Number of Companies offering Individual Coverage	Average Premium Earned per Covered Life per Month	Average Premium Earned per Covered Life Annually
Accidental Death & Dismemberment	103	\$12.90	\$154.79
Comprehensive Major Medical	64	\$182.22	\$2,186.60
Credit Accident and Health	15	\$12.81	\$153.69
Dental	39	\$20.59	\$247.08
Disability Income	148	\$86.14	\$1,033.64
Managed Care (HMO)	8	\$109.48	\$1,313.76
Limited Benefit Plans	109	\$23.97	\$287.65
Long-Term Care	81	\$152.35	\$1,828.19
Medicare Supplement	87	\$179.24	\$2,150.92
Vision	8	\$6.45	\$77.35
All Other	50	\$195.54	\$2,346.42

Table 3: Individual Average Earned Premiums in 2010

CoverColorado³

If a person cannot qualify for individual coverage on their own because they are considered “uninsurable” due to a pre-existing medical condition, there is a state-subsidized health plan called CoverColorado³. Established by the Colorado legislature in 1991, CoverColorado is a non-profit organization whose mission is to provide a health insurance program that promotes access to health care for Coloradans whose health prohibits or substantially limits access to commercial health insurance. Since this is a high-risk pool, the rates offered are generally higher than commercial insurance carriers. Enrollment in CoverColorado was 12,732 on December 31, 2010. Colorado is one of 35 states that have a high-risk pool insurance plan.

GettingUSCovered⁴

GettingUSCovered is the temporary federal high risk pool created in the State of Colorado under the Patient Protection and Affordable Care Act of 2010. GettingUSCovered is wholly funded by enrollee premiums and federal dollars, with federal funding anticipated to continue through December 31, 2013.

³ www.covercolorado.org

⁴ www.gettinguscovered.org

After that date, other coverage options are to be available under the Act to those with pre-existing conditions. It is a comprehensive health plan for Coloradans who have been uninsured at least six months and have a pre-existing condition. While GettingUSCovered is not a low-income plan, it does not cost any more than the price of insurance for healthy individuals. There is no waiting period once an individual is accepted into the plan and medical treatment can begin upon the effective date.

GettingUSCovered expects to expand coverage to up to 4,000 currently uninsured individuals and continue through December 31, 2013. Enrollment may need to be limited based on federal funding. The plan is a bridge to 2014, when individuals with pre-existing conditions will be able to purchase health coverage through health insurance exchanges.

Employer-Provided Insurance

The group health plan market in Colorado is large, with all employer-provided and association-provided health plans making up this sector. Employee benefit plans can be either fully insured or self-funded. (Self-funded plans may also be called self-insured or non-insured.) Under a fully-insured employee benefit plan, the employer purchases commercial health coverage from an insurance company and the insurance company assumes the risk for payment of claims. The insurance company is regulated under state law and is subject to rules about mandated benefits, network adequacy, prompt payment of claims, etc.

Many large and some small employers create “self-funded” health plans for their employees. In these self-funded plans, the employer keeps the risk to pay the claims from the company’s budget and usually hires a plan administrator to process the claims. When an employer self-funds the plan, it is generally not subject to state laws and regulations so state mandated benefits, state prompt payment rules or standards of network adequacy do not apply. Self-insured plans are regulated by the federal government under the Employees’ Retirement Income Security Act (ERISA).

Sometimes insurance companies act as an administrator to process claims for an employer self-funded plan. In these circumstances, the insurance company is referred to as a “third party administrator” (TPA), but the health plan is not subject to state insurance laws and regulations.

Small Group Market

A small group health plan is a health plan offered to employer groups of no more than 50 and includes employer groups of one. Small group insurance is the most heavily regulated market in the state. Small group plans have mandated benefits: they must be guaranteed renewable and premium rating can only be based on smoking status, industrial classification, age, family size and geographic region. Table 4 below shows the number of companies, the average premiums earned per covered life by month and annually reported from the 2011 Colorado Health Cost Survey.

Small Group	Number of Companies offering Small Group Coverage	Average Premium Earned per Covered Life per Month	Average Premium Earned per Covered Life Annually
Accidental Death & Dismemberment	34	\$0.34	\$4.05
Comprehensive Major Medical	20	\$252.59	\$3,031.08
Credit Accident and Health	2	\$5.70	\$68.35
Dental	39	\$24.65	\$295.82
Disability Income	33	\$35.05	\$420.65
Managed Care (HMO)	6	\$356.54	\$4,278.47
Limited Benefit Plans	22	\$22.35	\$268.24
Long-Term Care	10	\$36.11	\$433.31
Medicare Supplement	3	\$137.84	\$1,654.06
Vision	15	\$4.58	\$54.97
All Other	14	\$159.14	\$1,909.69

Table 4: Small Group Market Average Premiums Earned in 2010

The major small market changes in health benefit plans from 2009 to 2010 include the following⁵:

- A decline in both the number of small group plans, by 10%, and covered lives, by 7%.
- Business Groups of One (BG-1s), a subset of small employers, decreased by 15%.
- Ten companies increased their market share to include 99.7% of all covered lives in 2010, compared to 99.0% in 2009.
- Of 16 companies in the small group market, 10 sell new policies and six are in the process of leaving the market.
- Health Savings Account (HSA) qualified plans increased in proportion to other plans by 2%, down from a 4% increase in 2009.
- Health Maintenance Organization (HMO) coverage increased in proportion to other types by 3%, which is lower than the 12% increase in 2009.
- The number of covered lives that left the small group market in 2010 is less than half the number of covered lives that left in 2009.

According to the Division's 2010 Small Group Market Activity and Rating Flexibility Report, **16 carriers offered small group health benefit plans in Colorado during 2010. They covered 33,734 groups, or 267,411 lives.**

"Health benefit plan" does not include: Accident-only, credit, dental, vision, Medicare supplement, benefits for long-term care, home health care, community-based care, or any combination thereof; disability income insurance, liability insurance including general liability insurance and automobile liability insurance, coverage for on-site medical clinics, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance; or automobile medical payment insurance.

The term also excludes specified disease, hospital confinement indemnity, or limited benefit health insurance if such types of coverage do not provide coordination of benefits and are provided under separate policies or certificates. Solely with respect to the provisions of section 10-16-118 (1)(b) concerning creditable coverage for individual policies, the term excludes individual short-term limited duration health insurance policies issued after January 1, 1999. This means such policies do not have to recognize creditable coverage.

Large Group Market

A large group health plan is a fully insured health plan offered to employer groups of more than 50 employees. For regulation purposes, association health plans are treated as large group plans in Colorado. Large group employer plans and associations are less regulated than small group plans. It is generally assumed that purchasers of large group policies have more ability to negotiate insurance and may have the ability to hire consultants to assist with the process. Large groups can use their size to negotiate, so employer-sponsored plans typically are able to include a wide range of plan options. Table 5 below reflects the number of carriers that offer large group health coverage and the average premiums earned per covered life per month and annually reported from the 2011 Colorado Health Cost Survey.

⁵These notes are based on the 2010 Colorado Small Group Market Activity and Rating Flexibility Report, which is available on the Division's website at: www.dora.state.co.us/insurance/rtfo/2011/rtfoSmallGroupMarket2010Report050211.pdf. This is an annual data request by the Division of Insurance.

Large Group	Number of Companies offering Large Group Coverage	Average Monthly Premium Earned per Member	Annual Average Premium Earned per Member
Accidental Death & Dismemberment	73	\$1.98	\$23.74
Comprehensive Major Medical	24	\$217.65	\$2,611.76
Credit Accident and Health	17	\$6.32	\$75.89
Dental	43	\$23.86	\$286.31
Disability Income	53	\$14.69	\$176.33
Managed Care (HMO)	10	\$316.45	\$3,797.38
Limited Benefit Plans	40	\$34.19	\$410.33
Long-Term Care	19	\$60.72	\$728.65
Medicare Supplement	12	\$179.58	\$2,154.90
Vision	21	\$5.02	\$60.22
All Other	33	\$72.01	\$864.08

Table 5: Large Group Market Average Premiums Earned in 2010

Federally Regulated Health Plans

Self-insured Market

Even though the Division does not regulate employer self-insured health plans, it is interesting to note the growth in the number of ERISA self-insured plans in Colorado over the last 10 years. Figure 3 shows that the number of private employers in Colorado offering health plans and that self-insure at least one of their plans has increased from 26% in 1998 to 35.5% in 2010. The 9.5% increase is more dramatic than the rate nationwide, which increased from 26.9% in 1998 to 35.8% in 2010.

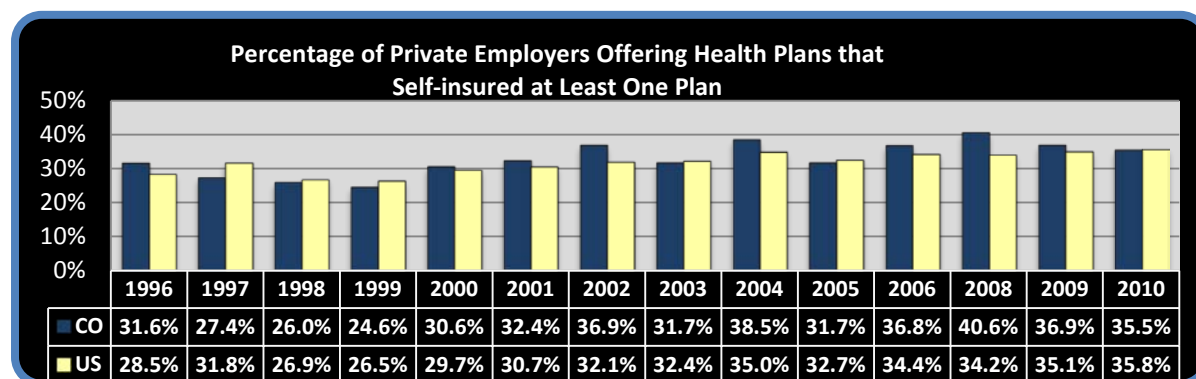


Figure 3: Percentage of Private Employers Offering Health Plans that Self-insured at Least One Plan in Colorado vs. U.S.

Employers who self-insure their health benefit plans retain all the risk of paying all the claims and thus have the ability to design their own plans. Some employers buy stop-loss insurance (also known as excess loss insurance) coverage to limit the risk that they incur by having a self-insured health plan. The coverage is usually available in one of two forms: specific stop loss coverage, which covers claims above a specified limit on an individual employee basis; and aggregate stop loss coverage, which initiates coverage when the employer's total aggregate health claims reach a specified threshold. The Division of Insurance regulates stop-loss (excess loss) policies, but does not regulate the self-funded employer health plan that it insures.

Government Health Plans

More than 27.8% of Coloradans have some sort of government-funded or government-subsidized health plans. These include the following:

Medicaid

Medicaid is a federal/state program that is administered by the state and provides health care for low-income families with children and certain individuals with disabilities. Each state has its own eligibility requirements that depend on income, age, disability and medical need. Enrollment of children in Medicaid and CHP+ increased overall during 2009. The percent enrollment increase between January and December 2009 was 13.1% for Medicaid.

Colorado adopted rules to comply with several of the Children's Health Insurance Program Reauthorization Act (CHIPRA) provisions in 2009, including a requirement that newborns whose birth was paid for by Medicaid no longer need to prove their citizenship after one year of eligibility ends. In addition, Colorado must accept certain tribal documents to establish citizenship. **More than 611,100 Coloradans were receiving health coverage through Medicaid in 2010, representing 12.1% of the state's population.**⁶

Child Health Plan Plus (CHP+)

Child Health Plan Plus is low cost public health insurance for Colorado's uninsured children and pregnant women who earn too much to qualify for Medicaid, but cannot afford private health insurance. The enrollment has increased by 4.1% from fiscal year 2009 to the fiscal year of 2010. The annual **CHP+ enrollment was 106,600 in Colorado in fiscal year 2010**⁷.

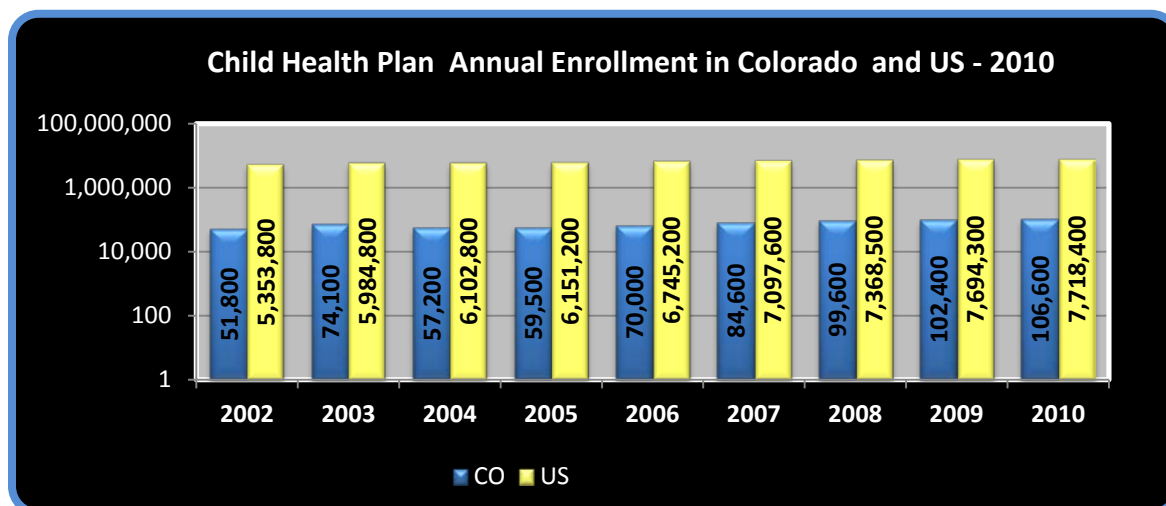


Figure 4: CHP+ Annual Enrollment in Colorado and US - 2010

Medicare

Medicare is a federally administered health insurance program for people over age 65, those under 65 with certain disabilities and people of all ages with End-Stage Renal Disease. Medicare is paid for through payroll taxes on working Americans as well as premiums from its members that are based on the type of coverage they have. It provides comprehensive coverage, including prescription drugs. Many private insurers offer Medicare supplement plans to cover the costs that are not covered under the program, and these plans are heavily regulated in Colorado. **There were 607,367 Coloradans enrolled in Medicare in 2010, which was 12% of the state's population.**⁸

⁶The Department of Health Care Policy and Financing (2010): Premiums, Expenditures, and Caseload Reports. Retrieved August 2, 2010, from <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1209635766663>

⁷www.cchp.org

⁸www.statehealthfacts.com

Senior Health Insurance Assistance Program (SHIP)

The Senior Health Insurance Assistance Program (SHIP) within the Colorado Division of Insurance helps people enrolled in Medicare with questions about health insurance. **SHIP provides free counseling; it is not a health plan.** Topics addressed by the program include Medicare, Medicare supplement insurance (Medigap), Medicare Part D, Medicare HMOs, Medicaid assistance for people on Medicare, and long-term care insurance. The program trains counselors through regional organizations around the state to provide individual counseling and assistance, public education presentations about Medicare-related health insurance and Medicare fraud and distribution of printed materials about these health insurance programs.

Other

In addition to the health plans mentioned above, there are several other government-run plans that subsidize or provide health care to Coloradans. There are health care services offered to Colorado veterans, current military personnel and Native American populations.